MIENT	APPLICATIO Effecti	N FEE DETER	MINATION F	RECORD	Applie	cation or D	ockel Numbe
		FILED - PART				9 00	/
TOTAL CLAIMS		(Column I)		SM	-	- 1 8 81	6,859
		(Column 2)		TYP	ALL ENTIT		OTHER TH
FOR		NUMBER FILED	-		ATE FE	OR	SMALL ENT
TOTAL CHARGEAE	LE CLAIMS	8	NUMBER EXTE	BAS	C FEE 385.		RATE F
INDEPENDENT CLA	IMS			XX	9,=	OR	ASIC FEE 770
MULTIPLE DEPEND	ENT CLAIM PRES	minus 3 =				OR.	(\$18=
				X4	3=	OR >	<86=
* If the difference in	column 1 is less	than zero, enter	'0" In column a	+14.	5≃	OR +	290=
10-7/ 6/	42 AME	NDED - PART	11	TOT	AL	-	
α	CLÁIMS	(Column	(Column	01			TAL
ž · F	AFTER	HIGHES NUMBE	T B		LL ENTITY	OR SM	THER THAN ALL ENTITY
Total	MENOMENT	PREVIOUS PAID FO	SIA LUESENI	RATE	ADDI- TIONAL	1 1	ADO:
Total Independent	ZY Minu	- 24	=	1.	FEE	PlA	TIONA FEE
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T (Co	lumn 1)	(Calver		TOTAL ADDIT. FEE		!	
I REN	LAIMS LAINING FTER	(Column 2 HIGHEST		1		OR ADDIT F	EE
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CIA REMAI	UO T	(Column 2)	(Column 3)	ADDIT. FEE	HO.	ADDIT. FEE	es initar
AFTI	in I	NUMBEA PREVIOUSLY	PRESENT		ADDI-	-	
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entry in column 1 is less i "Highest Number Previou "Highest Number Previou Highest Assessed	han the entry in colu	Mn 2 weeks see .		+145=		-	
Highest Number Previous Highest Number Previous Highest Number Previous	ely Paid For IN THE	S SPACE is less than:	лл 3;	TOTAL	OR	+290=	
Highest Number Previous Highest Number Previous 175 (Rev. 10/03)	y raid For (Total or	Independent) is the h	3, enter 3. A	DOIT FEE	OR A	TOTAL DOIT, FEE	
Pro (Hev. 10/03)			a see noumer toth	or in the appropri	late box in colu	ma 1.	